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21005 7590 11/08/2007

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<i>Katie Morris</i>	(Depositor's name)
<i>Katie Morris</i>	(Signature)
1/29/08	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/611,598	06/30/2003	Johannes B.M.M. Van Bree	4064.1000-005	2502

TITLE OF INVENTION: TREATMENT OF POMPE'S DISEASE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	02/08/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
DAVIS, RUTH A	1651	424-094610

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	Hamilton, Brook, Smith & Reynolds, P.C.
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Genzyme Therapeutic Products Limited
Partnership

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Cambridge, Massachusetts

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

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Authorized Signature

DAVID E. BROOK

Date 1/29/08

Typed or printed name

DAVID E. BROOK

Registration No. 22592

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